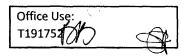
MAR D 8 2019



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information			
	Date: <u>03/04/2019</u>			
Type: New Amended (if amending, enter MEC ID C\90817 & section changed			nged)	
2,	Committee Information			
	Conservative Solutions for Missouri PAC			
	PO Box 686 Jefferson City, MO 65102		(314) 258-3137	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	·	Cole County Clerk County Clerk or Board of Election Commission	ners	
	Committee Type: Campaign Candidate Continuing		oloratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Gregg Keller			
	Treasurer's Name (First & Last)	(0.0)		
	PO Box 686 Jefferson City, MO 65102 Treasurer's Mailing Address, City, State, & Zip	(314) 258-3137 Phone 1	Phone 2	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	ty, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions of	on back) No	
5.	ficial Bank Account Information (required by all committees)			
õ.	Candidate Supported or Opposed (candidate committees must in	didate Supported or Opposed (candidate committees must include self, if candidate)		
	Mary Elizabeth Coleman			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	State Representative Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
		· · · · · · · · · · · · · · · · · · ·		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all committees) affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further although the beginning that I am award that any false statement or declaration made herein is punishable under Ch. 575 RSI			
	rui tile attende ueuge triat i arri avvare that any raise statement or	deciaration made nerein is puni	Snable under CN, 575 KSMO,	
Committee Treasurer		Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 01/2016) Form must be completed in full & contain orginal signature(s), fax filings are not accepted.